

POSITION	INITIALS	ID NO.	DATE
	MA		04/29/07
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>PM</i>	<i>32</i>	<i>5/11</i>
FORMALITY REVIEW	MM	572	06-22-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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1/12/07  
1/12/07